

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

ADDRESS (number and street)

2011 Crystal Drive, Ste 725

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00357129

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sue Mairena

Signature of Treasurer

Electronically Filed by Sue Mairena

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

This amendment corrects a database error that incorrectly pulled information to the report. This did not affect the totals.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 34

Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	24265.33
(b) Cash on Hand at Beginning of Reporting Period .....	24265.33	
(c) Total Receipts (from Line 19) .....	44791.76	44791.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	69057.09	69057.09
7. Total Disbursements (from Line 31) .....	32760.19	32760.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36296.90	36296.90
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	32375.00	32375.00
(ii) Unitemized .....	2315.00	2315.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	34690.00	34690.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	41690.00	41690.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	601.76	601.76
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44791.76	44791.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44791.76	44791.76

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	960.19	960.19	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	960.19	960.19	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29300.00	29300.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	2500.00	2500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32760.19	32760.19	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32760.19	32760.19	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41690.00	41690.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41690.00	41690.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	960.19	960.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	601.76	601.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	358.43	358.43

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Angelene Adler

Mailing Address 1877 NE 7th Ave

City

Portland

State

OR

Zip Code

97212-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Medical

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: AAB2FE6BA4CB2410D8D1

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Brant

Mailing Address 3475 Belmont Terrance

City

Fort Lauderdale

State

FL

Zip Code

33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Medical Services

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A6BCA9818AEEEE4CD7876

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Cason

Mailing Address 4701 Azalea Springs Ct

City

Louisville

State

KY

Zip Code

40299-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Home Care, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A55C8C51B15EA45F6B48

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Desimone

Mailing Address 470 Atlantic St

City

Farmingdale

State

NY

Zip Code

11735-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continued CareOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: A40EFC707552C48808CA

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William Elliott

Mailing Address PO Box 3830

City

Corrales

State

NM

Zip Code

87048-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med GroupOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: A4F26F5BD5C4B4765A06

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

John Estes

Mailing Address 10351 Timberwood Circle

City

Louisville

State

KY

Zip Code

40223-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Home Care, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	9

Transaction ID: A13B3AD39C92C4A7D9B0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Filippis

Mailing Address 4477 Forsyth Dr

City

Troy

State

MI

Zip Code

48085-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright & Filippis

Occupation

President & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: ADBB2A8FF8A38498C863

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Filippis

Mailing Address 4477 Forsyth Dr

City

Troy

State

MI

Zip Code

48085-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright & Filippis

Occupation

President & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: AEFE183BB49664279825

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Laraine Forry

Mailing Address 607 Buckthorn Ct

City

Lewisberry

State

PA

Zip Code

17339-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products

Occupation

VP Govt. Relations & Compliance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A2F96D036AD1B4250B14

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dennis Foushee

Mailing Address 8617 Eula Road

City

Louisville

State

KY

Zip Code

40219-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Home Care, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A47F23DB6499C493DA2E

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
Evp, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 0 9

Transaction ID: AC371BDF6132D49CF842

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
Evp, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A130E54E4D2E24D91BCB

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald L. Jones

Mailing Address 1121 Crosshill Ln

City

Warrior

State

AL

Zip Code

35180-5593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Medical Equipment

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A1241EEA0970E45788BE

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Wayne Knewasser

Mailing Address 12506 Valley Pine Dr

City

Louisville

State

KY

Zip Code

40299-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Home Care

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: AC63D1FFA37304E2E8A7

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Knight

Mailing Address 3008 Lexham Rd

City

Louisville

State

KY

Zip Code

40220-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Home Care, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A425EBC49E7FB42079FA

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

George Kucka

Mailing Address PO Box 789

City

Schererville

State

IN

Zip Code

46375-0789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairmeadows Home Health  
Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: AE05126FF96054E68BEB

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Laumer

Mailing Address 1313 Ella Ave NW

City

Willmar

State

MN

Zip Code

56201-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rice Home Medical

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A0526EF44F6224FC5A3F

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Lewarski

Mailing Address 28791 Johnson Dr

City

Wickliffe

State

OH

Zip Code

44092-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inogen, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A0FDBFA7365564CE28A0

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joel Marx

Mailing Address 3041 Kersdale Rd

City

Cleveland

State

OH

Zip Code

44124-5349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Service Corporati-  
on

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A1FB5F77A0F434792BD3

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Mazur

Mailing Address 633 Moonlight Ct

City

Westerville

State

OH

Zip Code

43081-3640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dasco Home Medical

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: ACD3D5AFD28CD430BA27

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Meuser

Mailing Address 44 E Overbrook Road

City

Shavertown

State

PA

Zip Code

18708-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pride Mobility Products  
Corp

Occupation  
Chariman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: AEE34E56042AF4EA591A

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joel Mills

Mailing Address PO Box 18049

City

Greensboro

State

NC

Zip Code

27419-8049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Home Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A4906596E067C431FB97

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

A. Malachi Mixon

Mailing Address 2482 Stratford Rd

City

Cleveland Heights

State

OH

Zip Code

44118-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Invacare Corporation

Occupation

Chair & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: AE065B5EE9454498F976

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Stewart H. Pace

Mailing Address 7508 Lake Vista Dr

City

Trussville

State

AL

Zip Code

35173-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med-south, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A377D1923A0194A4995B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joe Priest

Mailing Address 651 Mtn View Dr

City

Lewiston

State

NY

Zip Code

14092-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Airsep Corporation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: A47D79F8FDA6F4E0AAC4

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

John Reid

Mailing Address 165 Hampton Place

City

Troy

State

OH

Zip Code

45373-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro2

Occupation  
EVP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: AB34FE3DD7DA0428382B

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Reinemer

Mailing Address 4202 Holborn Ave

City

Annandale

State

VA

Zip Code

22003-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAHomecare

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A8B0400A05B644BC6B4E

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

3025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Ryan

Mailing Address 90 Yoakam St

City

Farmingdale

State

NY

Zip Code

11735-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homecare Concepts

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: A37454889FBDA49E9AFB

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Ryan

Mailing Address 90 Yoakam St

City

Farmingdale

State

NY

Zip Code

11735-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homecare Concepts

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: ADE8105695029429BB0F

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Ryan

Mailing Address 90 Yoakam St

City

Farmingdale

State

NY

Zip Code

11735-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homecare Concepts

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: ACAB9608AA70A48FEB80

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jim Spellman

Mailing Address S50w 3954 Turners Pike West

City

Waukesha

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oxygen One, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: AD48BF3BC233B487C84C

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James Walsh

Mailing Address 1111 W. San Moran

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van G. Miller & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: AF923EAC3A22E4C079B4

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Donald White

Mailing Address 335 Renaissance Drive

City

Buffalo

State

NY

Zip Code

14221-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Healthcare Sys-  
tems

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: A30622C348208430293B

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald White

Mailing Address 335 Renaissance Drive

City

Buffalo

State

NY

Zip Code

14221-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Healthcare Sys-  
tems

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: A34D4BF4D107E496C819

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Wren

Mailing Address 2057 Hale Road

City

Wilmington

State

OH

Zip Code

45177-9237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WrenCare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: AFE6BCC2D40994CC886E

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Tammy Zelenko

Mailing Address 401 Westbury Dr

City

Coraopolis

State

PA

Zip Code

15108-1085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advalene

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 9

Transaction ID: A1C30F7B81B6A49C0AA6

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

32375.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

APRIA Healthcare PAC

Mailing Address 26220 Enterprise Court

City

Lake Forest

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.**C**

C00240218

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	9

Transaction ID: A9007F72BEB9344FF883

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Pride Mobility Products Corp Pac

Mailing Address 182 Susquehanna Ave

City

Exeter

State

PA

Zip Code

18643

FEC ID number of contributing  
federal political committee.**C**

C00388132

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	9

Transaction ID: ABECD38001C8B4163A8B

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: AB2800DAF5CD943DEA85

Amount of Each Receipt this Period

45.00

Offset of Operating Expen-  
diture

**B.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 9

Transaction ID: AF7BD1A28A8A046608D7

Amount of Each Receipt this Period

45.00

Offset of Operating Expen-  
diture

**C.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

178.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: A10991BAAC7C8405BA91

Amount of Each Receipt this Period

88.93

Offset of Operating Expen-  
diture

**SUBTOTAL** of Receipts This Page (optional) .....

178.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: A3E2EBD253642414CA88

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 9

Transaction ID: A8B15C079BA7A45BA915

Amount of Each Receipt this Period

123.93

Offset of Operating Expen-  
diture

**C.**

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 2011 Crystal Drive  
Suite 725

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: AD54AA4EBC6AB4107ACF

Amount of Each Receipt this Period

253.90

Offset of Operating Expen-  
diture

**SUBTOTAL** of Receipts This Page (optional) .....

422.83

**TOTAL** This Period (last page this line number only) .....

601.76

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

The Grassley Committee

Mailing Address PO BOX 1000

City

Des Moines

State

IA

Zip Code

50304

FEC ID number of contributing  
federal political committee.**C**

C00230482

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: AFE3F52C419DE40A6B72

Amount of Each Receipt this Period

2500.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> BDC33737D1AA7437D912 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> BDC9EFDA8E9C44E5F987 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">73.76</td> </tr> </table>	73.76																			
73.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> BB41C2F933A4048BBAF3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**83.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> B6A8FC789C6ED432CAF4 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>284.68</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Elavon Mailing Address One Concourse Parkway Suite 300 City Atlanta State GA Zip Code 30328-5346 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B525A5038C7D944ECA5B <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>108.80</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Harland Clark Mailing Address 10931 Laureate Drive City San Antonio State TX Zip Code 78249-3312 Purpose of Disbursement Administrative Expense: Check Stock Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BB1FF241DE2FC4984B51 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>130.04</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**523.52**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nova Information Systems</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920-6612</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2E8D603AF20F4B4D82A</p> <p>Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nova Information Systems</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920-6612</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1607EA6CCEB6407C8A0</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 83.93</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nova Information Systems</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920-6612</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC0F386391C93409CB63</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <b>163.93</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Nova Information Systems	<b>Transaction ID:</b> B2F348F731EB74CEE9EF <b>Date of Disbursement</b>																				
Mailing Address 7300 Chapman Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
City Knoxville State TN Zip Code 37920-6612	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merhcant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">118.93</td> </tr> </table>	118.93																			
118.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nova Information Systems	<b>Transaction ID:</b> B6CE6EE7CE06D4B0CB1F <b>Date of Disbursement</b>																				
Mailing Address 7300 Chapman Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Knoxville State TN Zip Code 37920-6612	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merhcant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">40.15</td> </tr> </table>	40.15																			
40.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia	<b>Transaction ID:</b> B40B3FB9C84054337AAF <b>Date of Disbursement</b>																				
Mailing Address Nc8502 Po Box 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Charlotte State NC Zip Code 28256-3966	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

164.08

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address Nc8502  
Po Box 563966

City Charlotte State NC Zip Code 28256-3966

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B5878C641332A4D00AA2

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address Nc8502  
Po Box 563966

City Charlotte State NC Zip Code 28256-3966

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B3C00A5AAD001473A8CA

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

5.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

960.19

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc	<b>Transaction ID:</b> BE1AEC3034B2B4C74A5F <b>Date of Disbursement</b>
Mailing Address 607 14TH Street, NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Political Contribution	<div>2500.00</div>
Candidate Name Sen. Bob P. Casey, Jr.	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Bunning	<b>Transaction ID:</b> B63E3B9F6A4504E95903 <b>Date of Disbursement</b>
Mailing Address 1717 Dixie Highway Suite 180	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City FT Wright State KY Zip Code 41011	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Political Contribution	<div>1000.00</div>
Candidate Name Sen. Jim Bunning	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid	<b>Transaction ID:</b> BC5AC5EADF49845B59E7 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 19163	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div>
City Las Vegas State NV Zip Code 89132	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Political Contribution	<div>2000.00</div>
Candidate Name Sen. Harry Reid	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid Mailing Address P.O. BOX 19163	<b>Transaction ID:</b> B62A43FA54CB44E40B09 <b>Date of Disbursement</b> <div> <div>05</div> <div>08</div> <div>2009</div> </div>
City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Political Contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: NV District:	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner Mailing Address 7908 Cincinnati Dayton Rd Ste I2 City West Chester State OH Zip Code 45069-6629 Purpose of Disbursement Political Contribution Candidate Name Rep. John Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: OH District: 08	<b>Transaction ID:</b> B58B333FC5CFF4863A9A <b>Date of Disbursement</b> <div> <div>06</div> <div>24</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer Mailing Address 509 Madison Avenue Sute 1902 City New York State NY Zip Code 10022 Purpose of Disbursement Political Contribution Candidate Name Sen. Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: NY District:	<b>Transaction ID:</b> BE3C26E9B531949019FB <b>Date of Disbursement</b> <div> <div>05</div> <div>05</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown</p> <hr/> <p>Mailing Address PO BOX 76187 Suite 800</p> <hr/> <p>City Washington State DC Zip Code 20003</p> <hr/> <p>Purpose of Disbursement Political Contribution</p> <hr/> <p>Candidate Name Sen. Sherrod Brown</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <hr/> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBB189D6C1F814FCCB27</p> <p>Date of Disbursement 06 / 26 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hatch Election Committee Inc</p> <hr/> <p>Mailing Address 175 South West Temple Suite 650</p> <hr/> <p>City Salt Lake City State UT Zip Code 84101</p> <hr/> <p>Purpose of Disbursement Political Contribution</p> <hr/> <p>Candidate Name Sen. Orrin G. Hatch</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <hr/> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC0B2EBE988BB4C89ABB</p> <p>Date of Disbursement 06 / 10 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 2250.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kendrick Meek for Florida</p> <hr/> <p>Mailing Address 111 NW 183RD Street Suite 325</p> <hr/> <p>City Miami State FL Zip Code 33169</p> <hr/> <p>Purpose of Disbursement Political Contribution</p> <hr/> <p>Candidate Name Rep. Kendrick B. Meek</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <hr/> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2003AAF4B3E94C60A68</p> <p>Date of Disbursement 06 / 25 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 3550.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

6800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Ross For Congress	<b>Transaction ID:</b> B8CD14BF65E5D47F8811 <b>Date of Disbursement</b>																				
Mailing Address Po Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	0	9												
City Prescott State AR Zip Code 71857	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Political Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Mike Ross	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Ross For Congress	<b>Transaction ID:</b> BE45CD098FB3A4469A16 <b>Date of Disbursement</b>																				
Mailing Address Po Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City Prescott State AR Zip Code 71857	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Political Contribution	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Mike Ross	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Ross For Congress	<b>Transaction ID:</b> B8BDCDA6905AA41259C1 <b>Date of Disbursement</b>																				
Mailing Address Po Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	9												
City Prescott State AR Zip Code 71857	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Political Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Mike Ross	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

Deal for Governor, Inc.

Mailing Address PO Box 2495

City  
Gainesville

State  
GA

Zip Code  
30503

Purpose of Disbursement  
State Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B27960FE07D284B3E869

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00